

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: John M. Williams

Application No.: 10/719,055 Group: 1618

Filed: November 21, 2003 Examiner: Shirley V. Gembeh

Confirmation No.: 9135

For: INHIBITION OF CHRONIC TISSUE TRANSPLANT REJECTION

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and a Request for Continued Examination (RCE) for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

					SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
TOTAL	1	MINUS	* 28	0	X \$25	\$	X 50	\$
INDEP	1	MINUS	** 7	0	X \$105	\$	X \$210	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM								

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$        0TOTAL = \$        0**The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to  [ ] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$130	\$[ ]	X \$260	\$[ ]	

**Petition for Extension of Time**

Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] months from [ ] to [ ]. The appropriate fee is set forth below.

Separate Extension of Time being filed concurrently.

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input checked="" type="checkbox"/>	Petition for four month Extension of Time	\$ 1730
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	\$ _____
	RCE	\$ 810
		\$ _____
		\$ _____
		<b>TOTAL:</b> \$ 2540

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for four month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		<b>TOTAL:</b> \$ _____

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Michael Gottselig  
 Michael Gottselig  
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Concord, Massachusetts 01742-9133

Dated: August 26, 2009